| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  Application or Docket Number  09/085799 |  |   |                 |                               |              |                   |       |                   |                         |           |                               |                        |  |
|---|--|---|-----------------|-------------------------------|--------------|-------------------|-------|-------------------|-------------------------|-----------|-------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                 |                               |              |                   |       | SMALL ENTITY TYPE |                         |           | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS  |  |   |                 |                               |              |                   | ı     | RATE              | FEE                     | 7         | RATE                          | FEE                    |  |
| FOR .   |  |   | NUMBER          | FILED                         | NUMBER EXTRA |                   |       | BASIC F           | EE 355.0                | 0 OR      | BASIC FEE                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | /2 0 minus 20=  |                               | . 100        |                   |       | X\$ 9:            | = 900                   | OR        | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS  |  |   | /2 minus 3 =    |                               | . 9          |                   |       | X40= 360          |                         | OR        | X80=                          |                        |  |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                               | RESENT          |                               |              |                   |       | +135=             |                         | OR        |                               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                 |                               |              |                   | Į     | TOTA              | <del>-   -,, -,</del> , | OR        | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II   |  |   |                 |                               |              |                   |       |                   |                         |           | OTHER                         | THAN                   |  |
|   | (Column 1) (Column 2) (Column 2)               |   |                 |                               |              |                   |       | SMAL              | L ENTITY                | OR        | SMALL                         |                        |  |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA  | R     | RATE              | ADDI<br>TIONA<br>FEE    |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| Ş   | Total  | . 96  | Minus           | : (                           | 20           | = /               |       | X\$ 9=            | :                       | OR        | X\$18=                        |                        |  |
| AMENDMENT   | Independent                                    | . 12  | Minus           |                               | 2            | =                 | Ī     | X40=              |                         | OR        | X80=                          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |              |                   |       | +135=             | =                       | OR        | +270=                         |                        |  |
|   |  |   |                 |                               |              |                   |       | TOT               |                         | OR        | TOTAL<br>ADDIT, FEE           |                        |  |
|   |  | ,   | ADDII. FI       | EE <b>L</b>                   |              | ADDIT. FEE        |       |                   |                         |           |                               |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA  |       | RATE              | ADDI<br>TIONA<br>FEE    |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus           | ••                            |              | =                 |       | X\$ 9=            | -                       | OR        | X\$18=                        |                        |  |
| AME   | Independent                                    | •   | Minus           | •••                           |              | =                 | 1     | X40=              |                         | OR        | X80=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |              |                   |       | +135=             | =                       | OR        | +270=                         |                        |  |
|   |  |   |                 |                               |              |                   |       | TOT               |                         | OR        | TOTAL<br>ADDIT, FEE           |                        |  |
|   |  | ,   | ADDIT. FI       |                               |              | AUUII. FEE        |       |                   |                         |           |                               |                        |  |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                 | PREVI                         |              | PRESENT<br>EXTRA  | ſ     | RATE              | ADDI<br>TIONA<br>FEE    |           | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
| 2   | Totai  | •   | Minus           | ••                            |              | =                 | ſ     | X\$ 9=            |                         | OR        | X\$18=                        |                        |  |
| AME   | Independent                                    | •   | Minus           | •••                           |              | =                 | I     | X40=              |                         | OR        | X80=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |                               |              |                   |       |                   |                         | 1         |                               |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                           |  |   |                 |                               |              |                   |       |                   |                         | OR        | +270=                         |                        |  |
|   | If the "Highest Nu                             | mber Previously Pr<br>mber Previously P     | aid For IN THI  | S SPACE                       | is less tha  | n 20, enter "20." | , A   | DDIT. F           |                         | OR        | ADDIT. FEE                    |                        |  |
|   | The Highest Num                                | nber Previously Pai                         | id For (Total o | r Independ                    | lent) is the | highest number    | r fou | nd in the         | appropriate             | box in co | olumn 1.                      |                        |  |